

## **Families That Care: Guiding Good Choices**

Brief Description | Recognition | Program IOM | Intervention Type | Content Focus | Protective Factors  
Risk Factors | Interventions by Domain | Key Program Approaches | Outcomes | Evaluation Design  
Delivery Specifications | Intended Setting | Fidelity | Barriers and Problems | Personnel | Education  
Personnel Training | Cost | Intended Age Group | Intended Population | Gender Focus  
Replication Information | Contact Information

*Program developers or their agents provided the Model Program information below.*

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### **BRIEF DESCRIPTION**

Families That Care: Guiding Good Choices (FTC:GGC) is a multimedia drug prevention program that gives parents of children in grades four through eight (8 to 13 years old) the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding in the family, and teach skills to parents and children that allow children to meet the expectations of their family to resist drug use successfully. Formerly known as Preparing for the Drug Free Years, this program was revised and enhanced in 2003. The new FTC:GGC Family Guide offers more family activities and exercises, yet is more affordably priced.

### **PROGRAM BACKGROUND**

GGC, formerly named Preparing for the Drug Free Years, grew from research that showed that positive parental involvement is an important factor in helping children resist substance use and other antisocial behaviors. GGC's curriculum was developed to teach parents the skills they need to reduce the risk factors and enhance the protective factors that can help prevent substance abuse in their families. The GGC curriculum was field-tested for 2 years in 10 Seattle public schools before being made into a video-assisted program for wider distribution in 1987. Since 1987, GGC has been implemented in more than 30 States and Canada. The program has trained more than 120,000 families.

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### **RECOGNITION**

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services: Model Program

National Institute on Drug Abuse, U.S. Department of Health and Human Services: Programs That Work

Office of Juvenile Justice and Delinquency Prevention, U. S Department of Justice: Promising Program

U.S. Department of Education: Promising Program



## **INSTITUTE OF MEDICINE CLASSIFICATION (IOM)**

### **UNIVERSAL**

Developed for a Universal audience.

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## **INTERVENTION TYPE**

### **COMMUNITY-BASED**

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## **CONTENT FOCUS**

### **SOCIAL AND EMOTIONAL COMPETENCE, DOES NOT SPECIFICALLY ADDRESS ANY SUBSTANCES**

The program reviews refusal skills designed to enhance children's ability to avoid partaking in alcohol, tobacco, and other drugs, as well as non-drug risk behaviors. Parents practice these skills with their children. In general, the program targets risk factors (such as family management problems, family conflict, etc.) and protective factors (such as family communication skills) that relate to later substance use and abuse.

#### **Parent involvement as adjunct strategy:**

The curriculum is for parents and focuses on parent training.

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## **PROTECTIVE FACTORS**

### **INDIVIDUAL, FAMILY**

#### **INDIVIDUAL**

- Healthy beliefs and clear standards for behavior

#### **FAMILY**

- Opportunities for children to be involved in and contribute to the family
  - Skills for family communication and problem solving
  - Recognition of new skills and family involvement
  - Family bonding
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## **RISK FACTORS**

### **INDIVIDUAL, FAMILY, PEER**

#### **INDIVIDUAL**

- Early initiation of substance use
- Favorable attitudes toward substance use

#### **FAMILY**

- Poor family management
- Family conflict
- Parental involvement in problem behaviors and attitudes favorable to problem behaviors

#### **PEER**

- Friends who engage in problem behaviors
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### **INTERVENTIONS BY DOMAIN**

#### **INDIVIDUAL, FAMILY, PEER**

##### **INDIVIDUAL**

- Life/social skills training

##### **FAMILY**

- Parent education/parenting skills training

##### **PEER**

- Peer-resistance education
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### **KEY PROGRAM APPROACHES**

#### **BEHAVIOR MODIFICATION, COMMUNITY INVOLVEMENT, INFORMATION SHARING, MEDIA EDUCATION, PARENT-CHILD INTERACTIONS, PARENT TRAINING, PEER LEADERSHIP, COUNSELING OR SUPPORT, SKILL DEVELOPMENT**

Families That Care: Guiding Good Choices (FTC:GGC) is a five-session curriculum that addresses preventing substance abuse in the family, setting clear family expectations regarding drugs and alcohol, avoiding trouble, managing family conflict, and strengthening family bonds. The sessions are interactive and skill based, with opportunities for parents to practice new skills and receive feedback. It uses video-based vignettes that demonstrate parenting skills. Families receive a Family Guide containing family activities, discussion topics, skill-building exercises, and information on positive parenting. A few examples of key program approaches are below.

##### **BEHAVIOR MODIFICATION**

For example, in Session 4, Managing Family Conflict, parents learn skills to express and control anger without damaging family bonds. Parents also learn to model and teach these skills to their children.

##### **COMMUNITY INVOLVEMENT**

Successful implementation of FTC:GGC includes broad, community-based recruitment efforts. Workshop leaders are trained to enlist the help of local financial, site, and celebrity sponsors, including schools, churches, PTAs, restaurants, retail stores, and sports or media personalities.

## **INFORMATION SHARING**

Parents receive feedback from workshop leaders and fellow participants while practicing new skills. Workshop leaders learn to encourage everyone's involvement in discussions and make use of small groups to share ideas and strategies.

## **MEDIA EDUCATION**

Several studies have examined different methods of disseminating FTC:GGC. These studies include a television broadcast media campaign to attract participants and statewide dissemination efforts. Workshop leader training includes recruitment topics such as planning a publicity strategy.

## **PARENT-CHILD INTERACTIONS**

For example, in Session 3, *Avoiding Trouble*, children attend this session with their parents. Using the five steps of Refusal Skills, together they learn skills to resist peer influences to use drugs or alcohol or to engage in antisocial behavior.

## **PARENT TRAINING**

The entire FTC:GGC program focuses on parent training. For example, in Session 2, *Setting Clear Family Expectations on Drugs and Alcohol*, parents learn to clarify their own expectations on alcohol and other drug use and relay those expectations to their children.

## **PEER LEADERSHIP, COUNSELING OR SUPPORT**

For example, it is strongly encouraged that one trained workshop leader be a parent. Also, parents are provided with a process for developing a parenting support network to continue beyond the FTC:GGC sessions.

## **SKILL DEVELOPMENT**

For example, in Session 5, *Strengthening Family Bonds*, parents learn skills to express positive feelings and love for their children. All five sessions are interactive and skill based.

## **HOW IT WORKS**

GGC comprises five 2-hour sessions usually held over 5 consecutive weeks. Curriculum can also be presented in ten 1-hour sessions. Session topics include:

- Preventing substance abuse in your family
- Setting clear family expectations regarding drugs and alcohol
- Avoiding trouble
- Managing family conflict
- Strengthening family bonds

The sessions are interactive and skill-based, with opportunities for parents to practice new skills and receive feedback from workshop leaders and other parents. Video-based vignettes demonstrate parenting skills through the portrayal of a variety of family situations. Families also receive a Family Guide containing family activities, discussion topics, skill-building exercises, and information on positive parenting. The program has been offered to parents in schools, worksites, faith communities, community centers, homes, hospitals, and prisons. Parents who attend all five sessions are awarded a certificate of completion at the program's end.

Two co-leaders who share responsibilities for instruction, modeling skills, and answering questions, lead workshops. It is recommended that this two-person team consist of a parent and someone with group facilitation experience. It is most beneficial if workshop leaders are representative of the community.

The GGC workshop site should be in an accessible, safe, and familiar part of the neighborhood. Although it's not mandatory, providing participants with transportation, food, and childcare will support parent recruitment and retention. The site should have enough meeting space to comfortably accommodate parents and their children and should be equipped with video equipment, an easel or chalkboard, and an overhead projector (or computer-based LCD projector). All other materials for the workshop come with the purchase of the GGC Workshop Kit or are provided when attending a GGC workshop leader's training event.

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## **OUTCOMES**

### **DECREASES IN SUBSTANCE USE, REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS, IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS, OTHER TYPES OF OUTCOMES**

Families That Care: Guiding Good Choices (FTC:GGC) produced consistent and substantial reductions in substance use by children of participants in study results (at years 2 and 3.5).

#### **DECREASES IN SUBSTANCE USE**

At the 2-year followup, youth in the FTC:GGC group who had not initiated substance use at the 1-year followup were significantly more likely to have remained non-users than their counterparts in the control group.

FTC:GGC youth who had initiated substance use at the 1-year followup were significantly less likely to have progressed to more frequent or varied substance use than youth in the control group.

At the 3.5-year followup, the increase in rates of initiation for drunkenness and marijuana use was significantly lower in the FTC:GGC group than for youth in the control group. The FTC:GGC group also had a significantly lower proportion of youth who reported using alcohol during the previous month, lower frequencies of alcohol use, and lower growth of alcohol use frequency. At the 3.5-year followup, FTC:GGC youth were 19.4 percent less likely than the control group to have been drunk, and FTC:GGC youth were 36.6 percent less likely to have used marijuana.

FTC:GGC produced consistent benefits to parents to help reduce risk factors and enhance protective factors. Parents participating in the program were more likely to provide reinforcement to their children for prosocial behavior than control parents were, to monitor their children's whereabouts, and to report more family involvement with their children, both in discussing family issues and in enjoyable family activities. Both mothers and fathers were more likely to demonstrate improved relationship quality with their children and more proactive communication in solving problems.

FTC:GGC youth had significantly lower rates of increase in initiation of drinking to drunkenness and marijuana use over a 4-year period and less drinking in the past month (relative reduction of 40.6%).

## REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS

Family management problems, family conflict, favorable parental attitudes, and involvement in the problem behavior, friends who engage in problem behavior, and early initiation of the problem behavior.

## IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS

Health beliefs and clear standards for behavior, opportunities for children to be involved in and contribute to the family, skills for family communication and problem solving, and recognition of new skills.

Note: research on FTC:GGC was done on the program under the former name Preparing for the Drug Free Years (PDFY).

## OTHER TYPES OF OUTCOMES

Increased parent communication of substance abuse rules and consequences.

Greater involvement in family activities and decisions and better ability to manage anger and conflict.

### GGC increases parents' ability to—

- Provide teenagers with appropriate opportunities for involvement in the family
- Recognize competencies and skills
- Teach children how to keep their friends and popularity while using drug-refusal skills
- Set and communicate healthy beliefs and clear standards for children's behavior

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## EVALUATION DESIGN

In addition to the initial field tests, the curriculum has been tested in a controlled trial in a rural setting, as part of a regional broadcast media program, in different statewide implementations, within a health maintenance organization, and in a project focusing on families of color. The most comprehensive test of this program was a randomized clinical trial led by Dr. Richard Spoth at Iowa State University. Families of sixth graders enrolled in 33 rural schools in 19 contiguous counties in a midwestern State participated in this test. Schools were selected based on school free-lunch-program eligibility and community size (8,500 or fewer). Schools were assigned using a randomized block design, wherein blocks were formed on the basis of school size and the proportion of students residing in low-income neighborhoods. Within blocks, schools were assigned to GGC ( $n = 221$  families) or a minimal contact control group ( $n = 208$ ). The sample completing both pre- and posttests was primarily composed of dual-parent families (85 percent) and Whites (98.6 percent). In 51 percent of the families, the target child for the intervention was female. *(Note: Research was done on this program under the program's former name, Preparing for the Drug Free Years.)*

## **DELIVERY SPECIFICATIONS**

### **5–24 WEEKS**

GGC comprises five 2-hour sessions usually held over 5 consecutive weeks. Curriculum can also be presented in ten 1-hour sessions.

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## **INTENDED SETTING**

### **RURAL, URBAN, SUBURBAN**

Developed for use in rural, urban, and suburban communities.

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## **BARRIERS AND PROBLEMS**

Many sites reduce the cost of implementation by getting donations from the community for food and beverages, incentives and rewards or door prizes, supplies (pens, pencils, pads), and transportation. Some sites also host a potluck supper, which improves bonding among parents and provides a healthy, low-cost meal.

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## **PERSONNEL**

### **FULL TIME, PART TIME, PAID, VOLUNTEER**

Two co-leaders who share responsibilities for instruction, modeling skills, and answering questions lead workshops. It is recommended that the two-person team consist of a parent and someone with group facilitation experience.

Workshop leaders should be skilled in providing parenting workshops, understand the principles of adult learning, and be knowledgeable about risk and protective factors as they relate to prevention.

It is most beneficial if the workshop leaders are representatives of the community.

If the curriculum is being presented through a school, it is recommended that a teacher be part of the training team.

Training is available, as noted below.

### **Typical personnel problems encountered by users when implementing this Model Program and potential solutions:**

**Problem:** Parent recruitment and retention can be a challenge.

**Solutions:** Identify existing community leaders to support and endorse recruitment.

Obtain donations for products or services from local merchants to distribute as an incentive to parents who attend each session.

Provide food, transportation, and/or childcare as needed to participants.

Award a certificate of completion at the end of the program to parents who have attended all five sessions.

Use local media to spread the word—issue a press release to local radio stations, TV, and newspapers.

Send notices from school home with target-age students to their parents.

The workshop leaders who conduct GGC should be skilled in providing parenting workshops, understand the principles of adult learning, and be knowledgeable about risk and protective factors as they relate to prevention. Two co-leaders who share responsibilities for instruction, modeling skills, and answering questions, lead workshops. It is recommended that this two-person team consist of a parent and someone with group facilitation experience. It is most beneficial if workshop leaders are representative of the community.

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## **PERSONNEL TRAINING**

Type: SEMINAR/WORKSHOP, Location: ONSITE (user)

A 3-day training workshop is recommended for workshop leaders but is not required.

Training usually is held on site.

Contact Channing Bete Company (see Contact Information) for more information on training and training costs.

It is highly recommended that workshop leaders attend a 3-day workshop leader's training event.

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## **COST (estimated in U.S. dollars)**

\$5,001–10,000

Cost considerations for implementing this program as recommended by the developer:

Cost estimates vary by site. Keeping that in mind, the following are some estimates.

### **TRAINING COSTS**

Three days of onsite training for up to 12 people: . . . . . \$4,750 plus \$105 per person for the Workshop Leader's materials, plus trainer travel and per diem costs (estimated at \$1,500)

## MATERIALS COSTS

Complete Workshop Curriculum Kit (includes 2 Workshop Leader's Guides, each including a set of transparency masters; 2 Family Guides; 2 videos; 2 PowerPoint presentation CDs) . . . . . \$729

Prices for additional Family Guides:

1–24 copies . . . . . \$12 each  
25–49 copies . . . . . \$11 each  
50–99 copies . . . . . \$10 each  
100+ copies . . . . . \$9 each

*To get the best price on Family Guides, some programs estimate the number of families to be served in the coming 6 to 12 months and buy Family Guides in bulk. This reduces the cost per family served.*

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## INTENDED AGE GROUP

PARENTS OF CHILDHOOD (5–11), PARENTS OF EARLY ADOLESCENT (12–14)

Developed for parents of children in grades four through eight, 8 to 13 years of age.

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## INTENDED POPULATION

AFRICAN AMERICAN, AMERICAN INDIAN/ALASKA NATIVE, ASIAN AMERICAN, HISPANIC/LATINO, NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDERWHITE

Delivered to diverse populations, including Native Hawaiian and Other Pacific Islander, African American, Hispanic/Latino, Samoan, American Indian, and White families.

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## GENDER FOCUS

BOTH GENDERS

Developed for use with parents of both male and female children.

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## REPLICATION AND ADAPTATION INFORMATION

Contact the Channing Bete Company

### ADAPTATIONS OF THE MODEL PROGRAM

PDFY has been implemented as ten one-hour sessions administered at the workplace to employees during the lunch hour. Other program details remain the same as standard implementation.

## **CONTACT INFORMATION**

### **ABOUT THE DEVELOPER**

Richard Catalano, Ph.D.

J. David Hawkins, Ph.D.

Dr. Richard Catalano is a professor and the associate director of the Social Development Research Group, School of Social Work, University of Washington, Seattle. For more than 20 years, he has led research and program development to promote positive youth development and prevent problem behavior. Dr. J. David Hawkins is the Kozmetsky Professor of Prevention at the School of Social Work and the director of the Social Development Research Group, both at the University of Washington, Seattle. His research focuses on understanding and preventing child and adolescent health and behavior problems.

### **FOR INFORMATION, CONTACT**

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